

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <b>107019086</b>	<small>FILING DATE</small>					
							<small>APPLICANT(S)</small>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DER.	IND.	DER.	IND.	DER.		IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.			3										
TOTAL DER.				42									
TOTAL CLAIMS					45								
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS													